



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/12/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: SADLER & COMPANY, INC. CONTACT NAME: Sports Commercial
PHONE (A/C, No. Ext): 800-622-7370 | FAX (A/C, No): 803-256-4017
E-MAIL ADDRESS: sport8@sadlersports.com
INSURED: Men's Senior Baseball League
INSURER(S) AFFORDING COVERAGE: INSURER A: National Casualty

COVERAGES CERTIFICATE NUMBER REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for GENERAL LIABILITY, AUTOMOBILE LIABILITY, WORKERS COMPENSATION AND EMPLOYERS' LIABILITY, and EXCESS MEDICAL.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Covered Sport: Member Baseball Team or League - 16 Team(s)
Team Names: Windsor Mets, Southington Navigators, Newington Dodgers, New Haven Cardinals, Marlborough A's, Kensington Cannons, Glastonbury G- Men, Canton Devil Rays, Portland Pirates, Newington Caps, Middletown, Manchester Nor'easters, East Lyme, East Haven Jor- eis, Colchester Thunder, Clinton Brewers

CERTIFICATE HOLDER CANCELLATION

RELATIONSHIP: Property Owner/ Lessor
Town of Vernon
120 Smith Street
Vernon, CT 06066
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE: [Signature]

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ISO | Commercial General Liability Forms | 07/01/04

**POLICY NUMBER:**

COMMERCIAL GENERAL LIABILITY

**INSURED:**

CG 20 26 07 04

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

1. Name of Additional Insured Person(s) or Organizations(s):

Henry Park and All Town Fields  
Town of Vernon  
120 Smith Street  
Vernon, CT 06066

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

**Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

Date Added: 03/11/2015 10:48:23 AM

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